

## Do as I say, not as I do

### *The new epidemic of childhood obesity*

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**T**he epidemic of childhood obesity has spread unchecked worldwide and will likely evolve into an epidemic of premature cardiovascular disease in adults.<sup>1</sup> Obese children become obese adults, and this generation of children could well be the first to be outlived by their parents. The implications of the enormous disease, economic, and social burden this will create have not yet been forecasted, but they will undoubtedly put a tremendous strain on the health care system.<sup>2</sup> The article by Plourde (page 322) carefully highlights the issues and the important and essential role that family physicians must play in preventing, identifying, and managing overweight status and obesity in children.

While childhood obesity is ultimately a behavioural health problem, success in managing it cannot be achieved without addressing the toxic environment in which children live today. Childhood obesity is a multibillion-dollar business, not in terms of its treatment but in terms of the pervasive marketing and consumption of unhealthy food and drink and sedentary pursuits specifically targeted at children. Any efforts health care providers direct at individual children and families must take these forces into account.

### What are you really telling your patients?

Family physicians have many opportunities to identify and counsel their pediatric patients regarding obesity and healthy lifestyles. The fact that these opportunities are often not exploited is part of the problem.<sup>3-5</sup> The article by Plourde clearly suggests the best evidence-based strategies. When the message is given, however, it can be subverted by the personal example of the messenger. Children are perceptive, and they do not like to feel they are being manipulated. Their environment presents them constantly with images of beautiful, healthy, popular people endorsing nutrition-poor food and drinks, risky behaviour, and sedentary pursuits.

Health messages from physicians could contrast in the opposite direction, and could affect both patients' perception of the messages and physicians' comfort in giving them. Hash and colleagues studied adult patients and how they perceived the health advice they received from obese versus nonobese physicians.<sup>6</sup> They noted that confidence scores were substantially higher for advice obtained from nonobese physicians. This was unrelated to patients' own level of obesity. Perrin and colleagues showed that, while 40% of pediatricians in a survey were actually overweight, half of these overweight physicians

did not identify themselves as such.<sup>7</sup> Men were more likely to misclassify themselves than women were. Pediatricians who classified themselves as either thin or overweight reported more difficulty in counseling patients about weight, compared with pediatricians who thought they were of average weight. Interestingly, actually being overweight did not substantially affect perceived difficulty with counseling. Several other studies have found similar relationships between physicians' personal health and professional counseling practices.<sup>8-12</sup>

### How healthy are physicians?

Since health care providers tend to be a clinical research study-friendly population, there are some data specific to physicians regarding their weight status. The Physicians' Health Study enrolled 85078 male physicians aged 40 to 84 years and collected baseline height and weight data as of 1983.<sup>13</sup> They noted that 44% of those physicians had a body mass index (BMI) of 25 kg/m<sup>2</sup> or more (overweight), 6% had a BMI at or above 30 (obese), and 53% were current or past smokers. The study showed a significant dose-response relationship between increasing BMI and all-cause and cardiovascular mortality, after adjusting for other factors. While similar data for female physicians are lacking, the Nurses' Health Study, which enrolled 121 700 female nurses aged 30 to 55 years and collected baseline height and weight data in 1976, gives us some information.<sup>14</sup> The authors noted that 28% had BMI scores of 25 or above, 11% had scores of 29 or above, and 44% of the leanest group were current smokers with a trend downward toward 23% in the heaviest group.

Has the situation improved? More recent statistics from the Canadian Community Health Survey of 2000-2001 for the general population showed 26% to be current smokers, 14.9% to be obese (BMI 30 or above), and 53.5% to be physically inactive.<sup>15</sup> While physicians might be expected to rate somewhat better than the general population in some things, they are far from perfect, and we have no current data on their health status.

While physicians have challenges regarding their own personal health, the environment in which they work also sends a suboptimal message. A formal inventory has yet to be performed, but stories appear with increasing frequency in the press regarding fast-food outlets and the low nutritional value of food offered in cafeterias in hospitals and health care facilities. Many institutions have become dependent on the income generated by these outlets. The food available in practice facilities remains

unexplored. Health care facilities should be serving as models of good nutrition and promoting healthy lifestyles, yet they currently offer no such message.

### How can physicians send a better personal health message?

**Clean up your own house.** Make sure that your practice setting promotes a healthy lifestyle. Eliminate less nutritional food and drinks. Make taking the stairs a preferred option. Decorate clinical areas with motivational and health images. Offer reading materials that promote heart health. Institute health and fitness incentives and programs among staff.

**Physician, heal thyself.** Many physicians, particularly younger physicians, provide their own health care, which is a questionable practice. Get a routine checkup that includes an assessment of cardiovascular risk factors as well as monitoring of adiposity. If you are overweight, take steps to adopt a healthier lifestyle that can lead to weight loss based on best available evidence.

**Blow your own horn.** Make your personal healthy lifestyle achievements evident to your patients. Share your own story about weight challenges. Display your participation medals from recent running events. Put up pictures of your various activities, from scuba diving to mountain climbing. Frame press clippings lauding you for the fruit and vegetable promotion campaign you instituted in your hospital cafeteria. Hang the pair of size 46 pants you slimmed out of on the wall. Be creative in your personal message.

In raising and dealing with children, the "do as I say, not as I do" approach leads to skepticism and noncompliance. Children learn by example. Make sure that your own example is exemplary. ❁

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